



Reprinted
February 27, 2014

ENGROSSED SENATE BILL No. 233

DIGEST OF SB 233 (Updated February 26, 2014 5:09 pm - DI 77)

Citations Affected: IC 12-7; IC 12-10; IC 25-0.5; IC 25-3.7; IC 25-14.3; IC 25-23; IC 25-26; IC 35-51.

Synopsis: CHOICE matters; professional licensing matters. Beginning January 1, 2015, changes asset limitations within the community and home options to institutional care for the elderly and disabled program (program) from \$500,000 to \$250,000 and specifies certain exemptions. Beginning January 1, 2015, requires annual adjustment of the asset limitation using the federal Consumer Price Index. Beginning
(Continued next page)

Effective: Upon passage; July 1, 2014; January 1, 2015.

Grooms, Bray, Randolph

(HOUSE SPONSORS — DAVISSON, BACON, CLERE, STEMLER)

January 9, 2014, read first time and referred to Committee on Health and Provider Services.

January 30, 2014, amended, reported favorably — Do Pass.

February 3, 2014, read second time, amended, ordered engrossed.

February 4, 2014, engrossed. Read third time, passed. Yeas 47, nays 1.

HOUSE ACTION

February 10, 2014, read first time and referred to Committee on Public Health.

February 24, 2014, amended, reported — Do Pass.

February 26, 2014, read second time, amended, ordered engrossed.

ES 233—LS 6256/DI 104



Digest Continued

January 1, 2015, allows a participant who is unable to perform at least one activity to participate in the program under specified circumstances. Requires the division of aging (division) and the area agencies on aging to jointly establish specified procedures. Beginning January 1, 2015, allows the division to: (1) annually redetermine program eligibility; and (2) place a lien to recoup the cost of program services that exceed \$20,000. Requires the division to exclude \$20,000 of countable assets in determining cost participation for the program. Changes pharmacy technician certification to licensure. Adds a high school graduation, high school equivalency certificate, or state general educational development requirement for pharmacy technician licensure. Specifies education and training requirements for pharmacy technicians. Provides for the licensure of anesthesiologist assistants. Establishes a Class B misdemeanor for professing to be an anesthesiologist assistant without a license. Provides for the licensure of diabetes educators. Provides that certified registered nurse anesthetists may be recognized as advanced practice nurses under certain circumstances.



Reprinted
February 27, 2014

Second Regular Session 118th General Assembly (2014)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

ENGROSSED SENATE BILL No. 233

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-7-2-44.6 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 44.6. "Countable
3 asset" means the following:

4 **(1) For purposes of IC 12-10-10, in determining eligibility for**
5 **the community and home options to institutional care for the**
6 **elderly and disabled program, property that is included in**
7 **determining assets in the same manner as determining an**
8 **individual's eligibility for the Medicaid aged and disabled**
9 **waiver.**

10 **(2) For purposes of IC 12-20, means noncash property that is not**
11 **necessary for the health, safety, or decent living standard of a**
12 **household that:**

13 **(1) (A) is owned wholly or in part by the applicant or a**
14 **member of the applicant's household;**

15 **(2) (B) the applicant or the household member has the legal**
16 **right to sell or liquidate; and**

ES 233—LS 6256/DI 104



~~(3)~~ (C) includes:

~~(A)~~ (i) real property other than property that is used for the production of income or that is the primary residence of the household;

~~(B)~~ (ii) savings and checking accounts, certificates of deposit, bonds, stocks, and other intangibles that have a net cash value; and

~~(C)~~ (iii) boats, other vehicles, or any other personal property used solely for recreational or entertainment purposes.

SECTION 2. IC 12-7-2-49.5 IS ADDED TO THE INDIANA CODE AS A **NEW SECTION TO READ AS FOLLOWS** [EFFECTIVE JANUARY 1, 2015]: **Sec. 49.5. "CPI", for purposes of IC 12-10-10, has the meaning set forth in IC 12-10-10-2.5.**

SECTION 3. IC 12-10-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 1. As used in this chapter, "case management" means an administrative function conducted locally by an area agency on aging that includes the following:

(1) Assessment of an individual to determine the individual's functional impairment level and corresponding need for services.

(2) Initial verification of an individual's income and assets.

~~(2)~~ (3) Development of a care plan ~~addressing that:~~

(A) addresses an eligible individual's needs;

(B) takes into consideration the individual's family and community members who are willing to provide services to meet any of the individual's needs; and

(C) is consistent with a person centered approach to client care.

~~(3)~~ (4) Supervision of the implementation of appropriate and available services for an eligible individual.

~~(4)~~ (5) Advocacy on behalf of an eligible individual's interests.

~~(5)~~ (6) Monitoring the quality of community and home care services provided to an eligible individual.

~~(6)~~ (7) Reassessment of the care plan to determine:

(A) the continuing need and effectiveness of the community and home care services provided to an eligible individual under this chapter; and

(B) the annual reverification of a plan recipient's income and assets, as may be required by the division under section 4(e) of this chapter.

~~(7)~~ (8) Provision of information and referral services to individuals in need of community and home care services.



SECTION 4. IC 12-10-10-2.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: **Sec. 2.5. As used in this chapter, "CPI" refers to the United States Bureau of Labor Statistics Consumer Price Index, all items, all urban consumers, or its successor index.**

SECTION 5. IC 12-10-10-4, AS AMENDED BY P.L.99-2007, SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 4. (a) As used in this chapter, "eligible individual" means an individual who **meets the following criteria:**

(1) Is a resident of Indiana.

(2) Is:

(A) at least sixty (60) years of age; or

(B) an individual with a disability.

(3) Has assets **that meet the following criteria:**

(A) **For an individual who participates in the program and whose date of application for the program is before January 1, 2015, assets** that do not exceed five hundred thousand dollars (\$500,000), as determined by the division. **and**

(B) **For an individual whose date of application for the program is after December 31, 2014, countable assets that do not exceed two hundred fifty thousand dollars (\$250,000) adjusted by the CPI, as set forth in subsection (c). In determining assets under this clause, the division shall exclude an additional twenty thousand dollars (\$20,000) in countable assets, as adjusted by the CPI as set forth in subsection (c).**

(4) Qualifies under criteria developed by the board as having an impairment that places the individual at risk of losing the individual's independence, as described in subsection (b).

(b) For purposes of subsection (a), an individual is at risk of losing the individual's independence if the individual is unable to perform **any of the following:**

(1) Two (2) or more activities of daily living. The use by or on behalf of the individual of any of the following services or devices does not make the individual ineligible for services under this chapter:

(+) (A) Skilled nursing assistance.

(2) (B) Supervised community and home care services, including skilled nursing supervision.

(3) (C) Adaptive medical equipment and devices.



~~(4)~~ (D) Adaptive nonmedical equipment and devices.

(2) One (1) activity of daily living if, using the needs based assessment established under section 13(1) of this chapter, the area agency on aging determines that addressing the single activity of daily living would significantly reduce the likelihood of the individual's loss of independence and the need for additional services.

(3) An activity if, using the needs based assessment established under section 13(1) of this chapter, the area agency on aging determines that targeted intervention or assistance with the activity would significantly reduce the likelihood of the individual's loss of independence and the need for additional services.

(c) Before June 1, 2015, and before June 1 of each subsequent year, the division shall determine an adjusted asset limit to be used for purposes of subsection (a)(3)(B), subsection (d)(4), and section 13 of this chapter in the following state fiscal year. The adjusted asset limit for the following state fiscal year shall be determined as follows:

STEP ONE: Determine the percentage change between:

(A) the CPI as last reported for the calendar year ending in the state fiscal year in which the determination is made; and

(B) the CPI as last reported for the calendar year that precedes the calendar year described in clause (A).

STEP TWO: Express the percentage change determined in STEP ONE as a two (2) digit decimal rounded to the nearest hundredth. A negative percentage change under this STEP must be treated as zero (0).

STEP THREE: Add one (1) to the STEP TWO result.

STEP FOUR: Multiply:

(A) the STEP THREE result; by

(B) the asset limit used for purposes of subsection (a)(3)(B) in the state fiscal year in which the determination is made.

Before June 15, 2015, and before June 15 of each subsequent year, the division shall publish in the Indiana Register the adjusted asset limit to be used for purposes of subsection (a)(3)(B) in the following state fiscal year.

(d) The division shall, in accordance with standards established under section 13(3) of this chapter, establish a cost participation schedule for a program recipient based on the program participant's income and countable assets. The cost participation



1 schedule must meet the following:

2 (1) Exclude from cost participation an eligible individual
3 whose income and countable assets do not exceed one hundred
4 fifty percent (150%) of the federal income poverty level.

5 (2) Exclude from cost participation for the total services
6 provided to an individual under the program unless the
7 eligible individual's income and countable assets exceed three
8 hundred fifty percent (350%) of the federal income poverty
9 level.

10 (3) In calculating income and countable assets for an eligible
11 individual, deduct the medical expenses of the following:

12 (A) The individual.

13 (B) The spouse of the individual.

14 (C) The dependent children of the individual.

15 (4) Exclude twenty thousand dollars (\$20,000) of a
16 participant's countable assets, as adjusted by CPI, from
17 consideration in determining a participant's cost
18 participation.

19 The cost participation schedule established under this subsection
20 may be applied only to an individual whose date of application for
21 the program is after December 31, 2014.

22 (e) The division may require annual reverification for program
23 participants whom the division determines are likely to experience
24 a material increase in income or assets. An individual shall submit
25 the information requested by the division to carry out the
26 redetermination allowed by this subsection.

27 (f) The division may not require a family or other person to
28 provide services as a condition of an individual's eligibility for or
29 participation in the program.

30 SECTION 6. IC 12-10-10-7 IS AMENDED TO READ AS
31 FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 7. (a) Except as
32 provided in subsection (b), the case management under this chapter of
33 an individual leading to participation in the program may not be
34 conducted by any agency that delivers services under the program.

35 (b) If the division determines that there is no alternative agency
36 capable of delivering services to the individual, the area agency on
37 aging that performs the assessment under the program may also deliver
38 the services.

39 (c) The division shall provide the necessary funding to provide
40 case management services for the program, as determined under
41 section 13(2) of this chapter.

42 SECTION 7. IC 12-10-10-9 IS AMENDED TO READ AS



FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 9. (a) The division shall establish a program to train relatives of eligible individuals to provide homemaker and personal care services to those eligible individuals.

(b) Relatives of eligible individuals who complete the training program established under this section are eligible for reimbursement under this chapter or under the Medicaid program for the provision of homemaker and personal care services to those eligible individuals. Reimbursement under the Medicaid program is limited to those cases in which the provision of homemaker and personal care services to an eligible individual by a relative results in financial hardship to the relative.

(c) For services that an individual is eligible to receive under the program but receives from a relative or other individual without receiving compensation, the area agency on aging shall:

- (1) determine, in accordance with section 13(4) of this chapter, the savings from not paying for these services; and**
- (2) allocate twenty percent (20%) of the savings calculated under subdivision (1) to offset the individual's cost share amount, if any, for participating in the program.**

SECTION 8. IC 12-10-10-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 13. The division and the area agencies on aging shall jointly develop policies that establish the following:**

- (1) A needs based assessment to be used in determining a client's needs and care plan under section 1(3) of this chapter.**
- (2) The percentage of program dollars adequate to provide case management services.**
- (3) A cost participation schedule for program recipients as required by section 4(d) of this chapter.**
- (4) Procedures for determining cost savings as required by section 9(c) of this chapter.**
- (5) Program performance measures for the area agencies on aging.**

SECTION 9. IC 12-10-10-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: **Sec. 14. (a) This section applies only to an individual whose date of application for the program is after December 31, 2014.**

(b) The division may obtain a lien on the program recipient's real property for the cost of services provided to the individual in



the program if the cost of the services exceeds twenty thousand dollars (\$20,000), as adjusted by the CPI under section 4(c) of this chapter, in the same manner and with the same requirements as the office obtains a lien against a Medicaid recipient under IC 12-15-8.5, except that there may be no look back of the program recipient's property as required under the Medicaid program in IC 12-15-8.5-2.

(c) The division may adopt rules necessary under IC 4-22-2 to implement this section.

SECTION 10. IC 12-10-11-8, AS AMENDED BY P.L.143-2011, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 8. The board shall do the following:

(1) Establish long term goals of the state for the provision of a continuum of care for the elderly and individuals with a disability based on the following:

(A) Individual independence, dignity, and privacy.

(B) Long term care services that are:

(i) integrated, accessible, and responsible; and

(ii) available in home and community settings.

(C) Individual choice in planning and managing long term care.

(D) Access to an array of long term care services:

(i) for an individual to receive care that is appropriate for the individual's needs; and

(ii) to enable a case manager to have cost effective alternatives available in the construction of care plans and the delivery of services.

(E) Long term care services that include home care, community based services, assisted living, congregate care, adult foster care, and institutional care.

(F) Maintaining an individual's dignity and self-reliance to protect the fiscal interests of both taxpayers and the state.

(G) Long term care services that are fiscally sound.

(H) Services that:

(i) promote behavioral health; and

(ii) prevent and treat mental illness and addiction.

(2) Review state policies on community and home care services.

(3) Recommend the adoption of rules under IC 4-22-2.

(4) Recommend legislative changes affecting community and home care services.

(5) Recommend the coordination of the board's activities with the activities of other boards and state agencies concerned with



community and home care services.

(6) Evaluate cost effectiveness, quality, scope, and feasibility of a state administered system of community and home care services.

(7) Evaluate programs for financing services to those in need of a continuum of care.

(8) Evaluate state expenditures for community and home care services, taking into account efficiency, consumer choice, competition, and equal access to providers.

(9) Develop policies that support the participation of families and volunteers in meeting the long term care needs of individuals.

(10) Encourage the development of funding for a continuum of care from private resources, including insurance.

~~(11) Develop a cost of services basis and a program of cost reimbursement for those persons who can pay all or a part of the cost of the services rendered. The division shall use this cost of services basis and program of cost reimbursement in administering IC 12-10-10. The cost of services basis and program of cost reimbursement must include a client cost share formula that:~~

~~(A) imposes no charges for an eligible individual whose income does not exceed one hundred fifty percent (150%) of the federal income poverty level; and~~

~~(B) does not impose charges for the total cost of services provided to an individual under the community and home options to institutional care for the elderly and disabled program unless the eligible individual's income exceeds three hundred fifty percent (350%) of the federal income poverty level.~~

The calculation of income for an eligible individual must include the deduction of the individual's medical expenses and the medical expenses of the individual's spouse and dependent children who reside in the eligible individual's household.

~~(12)~~ (11) Establish long term goals for the provision of guardianship services for adults.

~~(13)~~ (12) Coordinate activities and programs with the activities of other boards and state agencies concerning the provision of guardianship services.

~~(14)~~ (13) Recommend statutory changes affecting the guardianship of indigent adults.

~~(15)~~ (14) Review a proposed rule concerning home and community based services as required under section 9 of this



1 chapter.

2 SECTION 11. IC 25-0.5-1-2.3 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2014]: **Sec. 2.3. IC 25-1-1.1-4 applies to an**
5 **individual licensed or certified under IC 25-3.7 (anesthesiologist**
6 **assistants).**

7 SECTION 12. IC 25-0.5-1-5.5 IS ADDED TO THE INDIANA
8 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
9 [EFFECTIVE JULY 1, 2014]: **Sec. 5.5. IC 25-1-1.1-4 applies to an**
10 **individual licensed or certified under IC 25-14.3 (diabetes**
11 **educators).**

12 SECTION 13. IC 25-0.5-2-34 IS ADDED TO THE INDIANA
13 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
14 [EFFECTIVE JULY 1, 2014]: **Sec. 34. IC 25-1-2-2.1 applies to**
15 **licenses held by anesthesiologist assistants.**

16 SECTION 14. IC 25-0.5-2-35 IS ADDED TO THE INDIANA
17 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
18 [EFFECTIVE JULY 1, 2014]: **Sec. 35. IC 25-1-2-2.1 applies to**
19 **licenses held by diabetes educators.**

20 SECTION 15. IC 25-3.7 IS ADDED TO THE INDIANA CODE AS
21 A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
22 2014]:

23 **ARTICLE 3.7. ANESTHESIOLOGIST ASSISTANTS**

24 **Chapter 1. Definitions**

25 **Sec. 1. As used in this article, "anesthesiologist assistant" means**
26 **an individual who:**

- 27 (1) meets the qualifications under this article; and
28 (2) is licensed under this article.

29 **Sec. 2. As used in this article, "board" refers to the medical**
30 **licensing board of Indiana.**

31 **Chapter 2. Licensure**

32 **Sec. 1. (a) The board shall license as an anesthesiologist assistant**
33 **an individual who:**

- 34 (1) applies for licensure on a form approved by the board;
35 (2) pays a licensing fee in an amount determined by the
36 board;
37 (3) does not have a conviction for a crime that has a direct
38 bearing on the applicant's ability to practice competently; and
39 (4) submits evidence satisfactory to the board that the
40 applicant meets all the following requirements:
41 (A) Has obtained a bachelor's degree from a postsecondary
42 educational institution.



(B) Has satisfactorily completed a medical-based anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs, or by its predecessor or successor organization.

(C) Has passed a certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants, or a successor organization.

(D) Is certified by the National Commission for Certification of Anesthesiologist Assistants, or a successor organization.

(b) An individual must be licensed by the board before the individual may practice as an anesthesiologist assistant.

Sec. 2. In order to maintain a license under this article, an individual licensed under this article shall comply with all continuing certification requirements set by the National Commission for Certification of Anesthesiologist Assistants or a successor organization.

Sec. 3. (a) The board shall do the following:

(1) Subject to IC 25-1-8-2, establish the amounts of fees required under this article.

(2) Adopt rules under IC 4-22-2 concerning the scope of practice for an anesthesiologist assistant. The rules must address the public welfare and safety of patients being treated by an anesthesiologist assistant and include the following:

(A) Require that an anesthesiologist assistant be supervised by a licensed anesthesiologist who:

(i) is licensed under IC 25-22.5; and

(ii) is actively engaged in the clinical practice of anesthesiology; and

(iii) maintains a physical proximity that allows the anesthesiologist to be available immediately if needed at all times that anesthesia services are rendered by the anesthesiologist assistant.

(B) Allow for the training of anesthesiologist assistant students if a student is:

(i) enrolled in an anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs or by its predecessor or successor organization; and

(ii) supervised by an individual who meets the requirements of clause (A).

(b) In developing the rules required under subsection (a)(2), the



board shall appoint a working committee to assist in the development of the rules. The working committee must contain at least the following:

- (1) One (1) individual who is a member of the Indiana State Medical Association, or its successor organization.
- (2) One (1) individual who is a member of the Indiana Society of Anesthesiologists, or its successor organization.
- (3) One (1) individual who is a member of the American Academy of Anesthesiologist Assistants, or its successor organization.

Sec. 4. (a) An anesthesiologist assistant may practice only:

- (1) under the supervision of an anesthesiologist; and
- (2) as described in a written practice protocol adopted under subsection (b).

(b) Each anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol that:

- (1) is consistent with this article;
- (2) delineates:
 - (A) the medical services that the anesthesiologist assistant is authorized to provide; and
 - (B) the manner in which the anesthesiologist will supervise the anesthesiologist assistant;
- (3) is based on relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients cared for by the anesthesiologist assistant;
- (4) is signed by the anesthesiologist and anesthesiologist assistant;
- (5) is updated annually; and
- (6) is made available to the board upon request.

(c) The supervising anesthesiologist shall oversee the anesthesiologist assistant in accordance with:

- (1) the terms of the protocol; and
- (2) any rules adopted by the board for the supervision of an anesthesiologist assistant.

The board may randomly audit or inspect any written practice protocol under which an anesthesiologist assistant works.

(d) An anesthesiologist or an anesthesiologist assistant who violates the written practice protocol described in this section may be disciplined under IC 25-1-9.

Chapter 3. Unauthorized Practice; Penalty; Sanctions



Sec. 1. An individual may not:

- (1) profess to be an anesthesiologist assistant;
- (2) use the title "anesthesiologist assistant"; or
- (3) use the initials "A.A." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is an anesthesiologist assistant licensed under this article;

unless the person is licensed under this article.

Sec. 2. An individual who recklessly, knowingly, or intentionally violates this chapter commits a Class B misdemeanor.

SECTION 16. IC 25-14.3 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]:

ARTICLE 14.3. DIABETES EDUCATORS

Chapter 1. Definitions

Sec. 1. The definitions in this chapter apply throughout this article.

Sec. 2. "Agency" refers to the Indiana professional licensing agency established by IC 25-1-5-3.

Sec. 3. "Board" refers to the medical licensing board of Indiana established by IC 25-22.5-2-1.

Sec. 4. "Diabetes education" means a collaborative process through which persons with or at risk for diabetes mellitus gain the knowledge and skills needed to modify behavior and successfully self-manage diabetes and conditions related to diabetes.

Sec. 5. "Licensed diabetes educator" refers to an individual who is licensed under this article.

Chapter 2. Duties of the Board

Sec. 1. (a) The board shall adopt rules under IC 4-22-2 establishing:

- (1) standards for professional responsibility or a code of ethics for the profession of diabetes educator;
- (2) standards of practice that are based upon policies and positions adopted by the American Association of Diabetes Educators; and
- (3) standards for continuing education requirements for diabetes educators.

(b) The board shall adopt rules under IC 4-22-2 to establish fees under IC 25-1-8-2 for:

- (1) filing an application for licensure under this article;
- (2) issuing an original license under this article;
- (3) renewing a license issued under this article;



(4) replacing a license that has been lost or destroyed; and

(5) any other purposes prescribed by IC 25-1-8-2.

(c) The board shall investigate alleged violations brought under this article, conduct investigations, and schedule and conduct administrative hearings under IC 4-21.5.

(d) The board shall keep a record of:

(1) the proceedings of the board; and

(2) all individuals licensed by the board.

Chapter 3. License Requirements

Sec. 1. After July 1, 2015, a person may not use the title of "licensed diabetes educator" or profess to be a licensed diabetes educator unless the person holds a license under this article.

Sec. 2. An applicant for a license must file a written application with the board on forms provided by the board.

Sec. 3. An applicant must provide evidence to the board showing successful completion of one (1) of the following:

(1) The American Association of Diabetes Educators core concepts course with demonstrable experience in the care of individuals with diabetes under supervision that meets requirements specified in rules adopted by the board.

(2) The credentialing program of the American Association of Diabetes Educators or the National Certification Board for Diabetes Educators.

(3) An equivalent credentialing program as determined by the board.

Sec. 4. Requirements established by the board for licensure under this article must include a core body of knowledge and skills in:

(1) diabetes mellitus;

(2) biological and social sciences;

(3) communication;

(4) counseling;

(5) education; and

(6) experience in the care of individuals with diabetes.

Sec. 5. A license issued under this chapter is valid for two (2) years after the date of issuance.

Sec. 6. The board shall require each licensee to complete annually fifteen (15) hours of board approved continuing education.

Chapter 4. License Revocation or Suspension

Sec. 1. For purposes of this chapter, "unprofessional conduct" includes the following:



(1) Obtaining or attempting to obtain a license by fraud, misrepresentation, concealment of material facts, or making a false statement to the board.

(2) Conviction of a felony if the conviction has direct bearing on whether the person is trustworthy to serve the public as a licensed diabetes educator.

(3) Violation of any lawful order issued or rule adopted by the board.

Sec. 2. The board may:

(1) suspend or revoke a license; or

(2) issue a reprimand;

if the licensee engages in unprofessional conduct that has endangered or is likely to endanger the health, welfare, or safety of the public.

Chapter 5. Unlawful Practices

Sec. 1. A person who recklessly, knowingly, or intentionally violates this article commits a Class A misdemeanor.

SECTION 17. IC 25-23-1-1, AS AMENDED BY P.L.232-2013, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 1. As used in this chapter:

(a) "Board" means the Indiana state board of nursing.

(b) "Advanced practice nurse" means:

(1) a nurse practitioner;

(2) a certified nurse midwife; ~~or~~

(3) a clinical nurse specialist; ~~or~~

(4) a certified registered nurse anesthetist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations. **Notwithstanding any other law, this subsection does not add to the powers and duties of certified registered nurse anesthetists as described in section 30 of this chapter.**

(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

SECTION 18. IC 25-23-1-19.4, AS AMENDED BY P.L.105-2008, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 19.4. **(a) This section does not apply to certified registered nurse anesthetists.**



1 ~~(a)~~ **(b)** As used in this section, "practitioner" has the meaning set
 2 forth in IC 16-42-19-5. However, the term does not include the
 3 following:

- 4 (1) A veterinarian.
- 5 (2) An advanced practice nurse.
- 6 (3) A physician assistant.

7 ~~(b)~~ **(c)** An advanced practice nurse shall operate in collaboration
 8 with a licensed practitioner as evidenced by a practice agreement, or by
 9 privileges granted by the governing board of a hospital licensed under
 10 IC 16-21 with the advice of the medical staff of the hospital that sets
 11 forth the manner in which an advanced practice nurse and a licensed
 12 practitioner will cooperate, coordinate, and consult with each other in
 13 the provision of health care to their patients.

14 SECTION 19. IC 25-23-1-19.5 IS AMENDED TO READ AS
 15 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 19.5. **(a) This section**
 16 **does not apply to certified registered nurse anesthetists.**

17 ~~(a)~~ **(b)** The board shall establish a program under which advanced
 18 practice nurses who meet the requirements established by the board are
 19 authorized to prescribe legend drugs, including controlled substances
 20 (as defined in ~~IC 35-48-1~~; **IC 35-48-1-9**).

21 ~~(b)~~ **(c)** The authority granted by the board under this section:

- 22 (1) expires on October 31 of the odd-numbered year following the
- 23 year the authority was granted or renewed; and
- 24 (2) is subject to renewal indefinitely for successive periods of two
- 25 (2) years.

26 ~~(c)~~ **(d)** The rules adopted under section 7 of this chapter concerning
 27 the authority of advanced practice nurses to prescribe legend drugs
 28 must do the following:

- 29 (1) Require an advanced practice nurse or a prospective advanced
- 30 practice nurse who seeks the authority to submit an application to
- 31 the board.
- 32 (2) Require, as a prerequisite to the initial granting of the
- 33 authority, the successful completion by the applicant of a graduate
- 34 level course in pharmacology providing at least two (2) semester
- 35 hours of academic credit.
- 36 (3) Require, as a condition of the renewal of the authority, the
- 37 completion by the advanced practice nurse of the continuing
- 38 education requirements set out in section 19.7 of this chapter.

39 SECTION 20. IC 25-26-13-18, AS AMENDED BY P.L.159-2012,
 40 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
 41 JULY 1, 2014]: Sec. 18. (a) To be eligible for issuance of a pharmacy
 42 permit, an applicant must show to the satisfaction of the board that:



(1) Persons at the location will engage in the bona fide practice of pharmacy. The application must show the number of hours each week, if any, that the pharmacy will be open to the general public.

(2) The pharmacy will maintain a sufficient stock of emergency and frequently prescribed drugs and devices as to adequately serve and protect the public health.

(3) Except as provided in section 19 of this chapter, a registered pharmacist will be in personal attendance and on duty in the licensed premises at all times when the practice of pharmacy is being conducted and that the pharmacist will be responsible for the lawful conduct of the pharmacy.

(4) ~~Certified~~ **Licensed** pharmacy technicians or pharmacy technicians in training **who are licensed** or certified under IC 25-26-19 must practice under a licensed pharmacist's immediate and personal supervision at all times. A pharmacist may not supervise more than six (6) pharmacy technicians or pharmacy technicians in training at any time. As used in this subdivision, "immediate and personal supervision" means within reasonable visual and vocal distance of the pharmacist.

(5) The pharmacy will be located separate and apart from any area containing merchandise not offered for sale under the pharmacy permit. The pharmacy will:

(A) be stationary;

(B) be sufficiently secure, either through electronic or physical means, or a combination of both, to protect the products contained in the pharmacy and to detect and deter entry during those times when the pharmacy is closed;

(C) be well lighted and ventilated with clean and sanitary surroundings;

(D) be equipped with a sink with hot and cold running water or some means for heating water, a proper sewage outlet, and refrigeration;

(E) have a prescription filling area of sufficient size to permit the practice of pharmacy as practiced at that particular pharmacy; and

(F) have such additional fixtures, facilities, and equipment as the board requires to enable it to operate properly as a pharmacy in compliance with federal and state laws and regulations governing pharmacies.

(b) Prior to opening a pharmacy after receipt of a pharmacy permit, the permit holder shall submit the premises to a qualifying inspection by a representative of the board and shall present a physical inventory



1 of the drug and all other items in the inventory on the premises.

2 (c) At all times, the wholesale value of the drug inventory on the
3 licensed items must be at least ten percent (10%) of the wholesale
4 value of the items in the licensed area.

5 SECTION 21. IC 25-26-19-4 IS AMENDED TO READ AS
6 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 4. (a) The board may
7 adopt rules under IC 4-22-2 to:

- 8 (1) implement and enforce this chapter;
9 (2) set fees under IC 25-1-8; and
10 (3) establish education and training requirements for ~~certification~~
11 **licensure** to practice as a pharmacy technician.

12 (b) The board shall:

- 13 (1) establish standards for the competent practice of pharmacy
14 technicians; and
15 (2) subject to IC 4-21.5, IC 25-1-7, and IC 25-1-9, conduct
16 proceedings on any matter under the jurisdiction of the board.

17 SECTION 22. IC 25-26-19-5, AS AMENDED BY P.L.159-2012,
18 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
19 JULY 1, 2014]: Sec. 5. (a) The board shall issue a pharmacy technician
20 ~~certificate license~~ to an individual who:

21 (1) applies to the board in the form and manner prescribed by the
22 board;

23 (2) is at least eighteen (18) years of age;

24 (3) **has:**

25 (A) **graduated from high school; or**

26 (B) **received a:**

27 (i) **high school equivalency certificate; or**

28 (ii) **state general educational development (GED)**
29 **diploma under IC 20-20-6 (before its repeal) or**
30 **IC 22-4.1-18;**

31 (⊖) (4) **has not been convicted of:**

32 (A) a crime that has a direct bearing upon the individual's
33 ability to practice competently; or

34 (B) a felony involving controlled substances;

35 (⊕) (5) **is not in violation of this chapter or rules adopted by the**
36 **board under section 4 of this chapter;**

37 (⊖) (6) **has paid the fee set by the board under section 4 of this**
38 **chapter; and**

39 (⊕) (7) **has: completed a program of education and training**
40 **approved by the board or has passed a certification examination**
41 **offered by a nationally recognized certification body approved by**
42 **the board.**



1 (A) graduated from a competency based pharmacy
 2 technician education and training program approved by
 3 the board;

4 (B) completed an employer provided training program
 5 that:

6 (i) beginning July 1, 2015, uses training requirements
 7 and minimum standards developed by the board;

8 (ii) has been approved by the board; and

9 (iii) includes specific training in the duties required to
 10 assist the pharmacist in the technical functions
 11 associated with the practice of pharmacy; or

12 (C) successfully passed a certification examination offered
 13 by the Pharmacy Technician Certification Board or
 14 another nationally recognized certification body approved
 15 by the board.

16 (b) For good cause, the board may waive the age requirement under
 17 subsection (a)(2).

18 (c) A person who has been certified or licensed as a pharmacy
 19 technician by the board before July 1, 2014, and who remains in
 20 good standing on July 1, 2014, shall, for all purposes, be considered
 21 licensed beginning on July 1, 2014. A person described in this
 22 subsection is subject to the license renewal requirements set forth
 23 in this chapter.

24 (d) A training program approved by the board before July 1,
 25 2015, must be resubmitted to the board for approval in meeting
 26 current standards.

27 SECTION 23. IC 25-26-19-6 IS AMENDED TO READ AS
 28 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 6. (a) The board shall
 29 issue a pharmacy technician in training permit to an individual who:

30 (1) applies to the board in the form and manner prescribed by the
 31 board;

32 (2) is at least eighteen (18) years of age;

33 (3) has not been convicted of a crime that has a direct bearing
 34 upon the individual's ability to practice competently;

35 (4) is not in violation of this chapter or rules adopted by the board
 36 under section 4 of this chapter; and

37 (5) has applied for ~~certification~~ licensure under section 5 of this
 38 chapter.

39 (b) An applicant:

40 (1) may work as a pharmacy technician in training without a
 41 permit for not more than thirty (30) consecutive days after the
 42 applicant files an application under this section;



(2) shall provide the applicant's employer with a receipt issued by the board that:

(A) provides the date an application under this section was filed; and

(B) indicates that the fee has been paid; before the applicant may begin work as a pharmacy technician in training; and

(3) may request an additional thirty (30) day period to practice as a pharmacy technician in training without a permit. The board may approve a request under this subdivision if the board determines that the extension is for good cause.

(c) A pharmacy technician in training permit expires on the earliest of the following:

(1) The date the permit holder is issued a pharmacy technician ~~certificate~~ **license** under this chapter.

(2) The date the board disapproves the permit holder's application for a pharmacy technician ~~certificate~~ **license** under this chapter.

(3) The date the permit holder ceases to be enrolled in good standing in a pharmacy technician training program approved by the board. The graduation of a permit holder from a pharmacy technician program does not cause the permit to expire under this subdivision.

(4) Sixty (60) days after the date that the permit holder successfully completes a program approved by the board.

(5) Twelve (12) months after the date of issuance.

(d) For good cause, the board may waive the age requirement in subsection (a)(2).

SECTION 24. IC 25-26-19-7, AS AMENDED BY P.L.1-2006, SECTION 466, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 7. (a) A pharmacy technician ~~certificate~~ **license** expires on a date set by the Indiana professional licensing agency in each even-numbered year.

(b) An application for renewal of a pharmacy technician ~~certificate~~ **license** must be accompanied by the appropriate fee.

(c) If a person fails to renew a pharmacy technician ~~certificate~~ **license**, the ~~certificate~~ **license** may be reinstated by meeting the requirements under IC 25-1-8-6.

(d) The board may require a person who applies for a ~~certificate~~ **license** under subsection (c) to appear before the board and explain the reason why the person failed to renew a pharmacy technician ~~certificate~~ **license**.

SECTION 25. IC 25-26-19-8 IS AMENDED TO READ AS



1 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 8. A ~~certified~~ **licensed**
 2 pharmacy technician may not perform the following activities:

3 (1) Providing advice or consultation with the prescribing
 4 practitioner or other licensed health care provider regarding the
 5 patient or the interpretation and application of information
 6 contained in the prescription or drug order, medical record, or
 7 patient profile.

8 (2) Providing advice or consultation with the patient regarding the
 9 interpretation of the prescription or the application of information
 10 contained in the patient profile or medical record.

11 (3) Dispensing prescription drug information to the patient.

12 (4) Final check on all aspects of the completed prescription and
 13 assumption of the responsibility for the filled prescription,
 14 including the appropriateness of the drug for the patient and the
 15 accuracy of the:

16 (A) drug dispensed;

17 (B) strength of the drug dispensed; and

18 (C) labeling of the prescription.

19 (5) Receiving a new prescription drug order over the telephone or
 20 electronically unless the original information is recorded so a
 21 pharmacist may review the prescription drug order as transmitted.

22 (6) Any activity required by law to be performed only by a
 23 pharmacist.

24 (7) Any activity that requires the clinical judgment of a
 25 pharmacist and is prohibited by a rule adopted by the board.

26 SECTION 26. IC 25-26-19-9, AS AMENDED BY P.L.158-2013,
 27 SECTION 290, IS AMENDED TO READ AS FOLLOWS
 28 [EFFECTIVE JULY 1, 2014]: Sec. 9. (a) An individual may not
 29 practice as a pharmacy technician unless the individual is ~~certified~~
 30 **licensed** under this chapter.

31 (b) An individual may not act as a pharmacy technician in training
 32 unless the individual has obtained a permit under this chapter or the
 33 individual is acting as a pharmacy technician in training during the
 34 period permitted under section 6(b) of this chapter.

35 (c) An individual who knowingly violates this section commits a
 36 Level 6 felony.

37 SECTION 27. IC 35-51-25-1, AS AMENDED BY P.L.13-2013,
 38 SECTION 147, P.L.232-2013, SECTION 26, AND P.L.264-2013,
 39 SECTION 16, IS CORRECTED AND AMENDED TO READ AS
 40 FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 1. The following
 41 statutes define crimes in IC 25:

42 IC 25-2.1-13-3 (Concerning accountants).



1	IC 25-2.5-3-4 (Concerning acupuncturists).
2	IC 25-3.7-3-2 (Concerning anesthesiologist assistants).
3	IC 25-5.1-4-2 (Concerning athletic trainers).
4	IC 25-5.2-2-12 (Concerning athlete agents).
5	IC 25-6.1-7-1 (Concerning auctioneers and auctions).
6	IC 25-6.1-7-2 (Concerning auctioneers and auctions).
7	IC 25-8-15.4-25 (Concerning beauty culture).
8	IC 25-10-1-11 (Concerning chiropractors).
9	IC 25-11-1-12 (Concerning collection agencies).
10	IC 25-13-1-3 (Concerning dental hygienists).
11	IC 25-14-1-25 (Concerning dentists).
12	<i>IC 25-14-1-25.5 (Concerning dentists).</i>
13	IC 25-14-4-6 (Concerning dentists).
14	IC 25-14.3-5-1 (Concerning diabetes educators).
15	IC 25-14.5-7-2 (Concerning dietitians).
16	IC 25-16-1-18 (Concerning employment services).
17	IC 25-17.3-5-3 (Concerning genetic counselors).
18	IC 25-17.6-8-2 (Concerning geologists).
19	IC 25-18-1-19 (Concerning distress sales).
20	IC 25-20-1-21 (Concerning hearing aid dealers).
21	IC 25-20.7-5-1 (Concerning interior designers).
22	IC 25-21.5-5-10 (Concerning land professional surveyors).
23	IC 25-21.5-13-2 (Concerning land professional surveyors).
24	IC 25-21.8-7-1 (Concerning massage therapists).
25	IC 25-22.5-8-2 (Concerning physicians).
26	IC 25-22.5-8-3 (Concerning physicians).
27	IC 25-23-1-27 (Concerning nurses).
28	<i>IC 25-23.4-3-7 (Concerning certified direct entry midwives).</i>
29	IC 25-23.5-3-2 (Concerning occupational therapists).
30	IC 25-23.6-3-3 (Concerning marriage and family therapists).
31	IC 25-23.6-4-4 (Concerning marriage and family therapists).
32	IC 25-23.6-4.5-4 (Concerning marriage and family therapists).
33	IC 25-23.6-7-7 (Concerning marriage and family therapists).
34	IC 25-23.6-10.1-6 (Concerning marriage and family therapists).
35	IC 25-23.6-11-1 (Concerning marriage and family therapists).
36	IC 25-23.6-11-2 (Concerning marriage and family therapists).
37	IC 25-23.6-11-3 (Concerning marriage and family therapists).
38	IC 25-23.7-7-5 (Concerning manufactured home installers).
39	IC 25-24-1-18 (Concerning optometrists).
40	IC 25-24-3-17 (Concerning optometrists).
41	IC 25-26-13-29 (Concerning pharmacists, pharmacies, and drug
42	stores).



- 1 IC 25-26-14-23 (Concerning pharmacists, pharmacies, and drug
- 2 stores).
- 3 IC 25-26-14-25 (Concerning pharmacists, pharmacies, and drug
- 4 stores).
- 5 IC 25-26-14-26 (Concerning pharmacists, pharmacies, and drug
- 6 stores).
- 7 IC 25-26-14-27 (Concerning pharmacists, pharmacies, and drug
- 8 stores).
- 9 IC 25-26-19-9 (Concerning pharmacists, pharmacies, and drug
- 10 stores).
- 11 IC 25-26-21-11 (Concerning pharmacists, pharmacies, and drug
- 12 stores).
- 13 IC 25-27-1-12 (Concerning physical therapists).
- 14 IC 25-27.5-7-2 (Concerning physician assistants).
- 15 IC 25-28.5-1-31 (Concerning plumbers).
- 16 IC 25-29-9-1 (Concerning podiatrists).
- 17 IC 25-30-1-21 (Concerning private investigator firms, security
- 18 guards, and polygraph examiners).
- 19 IC 25-30-1.3-23 (Concerning private investigator firms, security
- 20 guards, and polygraph examiners).
- 21 IC 25-31-1-13 (Concerning engineers).
- 22 IC 25-31-1-27 (Concerning engineers).
- 23 IC 25-31.5-8-7 (Concerning soil scientists).
- 24 IC 25-33-1-15 (Concerning psychologists).
- 25 IC 25-34.5-3-2 (Concerning respiratory care specialists).
- 26 IC 25-35.6-3-10 (Concerning speech pathologists and
- 27 audiologists).
- 28 IC 25-36.1-1-2 (Concerning surgical technologists).
- 29 IC 25-36.5-1-10 (Concerning timber buyers).
- 30 IC 25-36.5-1-15 (Concerning timber buyers).
- 31 IC 25-38.1-4-10 (Concerning veterinarians).
- 32 IC 25-38.1-4-11 (Concerning veterinarians).
- 33 IC 25-39-5-1 (Concerning water well drilling contractors).
- 34 IC 25-39-5-7 (Concerning water well drilling contractors).
- 35 IC 25-41-1-2 (Concerning behavior analysts).
- 36 **SECTION 28. An emergency is declared for this act.**



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 233, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 25-1-1.1-4, AS AMENDED BY P.L.232-2013, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 4. (a) This section applies to an individual who is applying for, or will be applying for, an initial license or an initial certificate under one (1) of the following:

- (1) IC 25-2.5 (acupuncturists).
- (2) IC 25-3.7 (anesthesiologist assistants).**
- ~~(2)~~ **(3)** IC 25-10 (chiropractors).
- ~~(3)~~ **(4)** IC 25-13 (dental hygienists).
- ~~(4)~~ **(5)** IC 25-14 (dentists).
- ~~(5)~~ **(6)** IC 25-14.5 (dietitians).
- ~~(6)~~ **(7)** IC 25-17.3 (genetic counselors).
- ~~(7)~~ **(8)** IC 25-19 (health facility and residential care facility administrators).
- ~~(8)~~ **(9)** IC 25-21.8 (massage therapists).
- ~~(9)~~ **(10)** IC 25-22.5 (physicians).
- ~~(10)~~ **(11)** IC 25-23 (nurses).
- ~~(11)~~ **(12)** IC 25-23.4 (certified direct entry midwives).
- ~~(12)~~ **(13)** IC 25-23.5 (occupational therapists).
- ~~(13)~~ **(14)** IC 25-23.6 (social workers, marriage and family therapists, and counselors).
- ~~(14)~~ **(15)** IC 25-24 (optometrists).
- ~~(15)~~ **(16)** IC 25-26 (pharmacists).
- ~~(16)~~ **(17)** IC 25-27 (physical therapists).
- ~~(17)~~ **(18)** IC 25-27.5 (physician assistants).
- ~~(18)~~ **(19)** IC 25-29 (podiatrists).
- ~~(19)~~ **(20)** IC 25-33 (psychologists).
- ~~(20)~~ **(21)** IC 25-34.5 (respiratory care practitioners).
- ~~(21)~~ **(22)** IC 25-35.6 (speech pathologists and audiologists).
- ~~(22)~~ **(23)** IC 25-38.1 (veterinarians).

(b) As used in this chapter, "national criminal history background check" means the criminal history record system maintained by the Federal Bureau of Investigation based on fingerprint identification or



any other method of positive identification.

(c) An individual applying for an initial license or initial certificate specified in subsection (a) shall submit to a national criminal history background check at the cost of the individual.

(d) The state police department shall release the results of a national criminal history background check conducted under this section to the Indiana professional licensing agency.

(e) A board, a commission, or a committee may conduct a random audit and require an individual seeking a renewal of a license or a certificate specified in subsection (a) to submit to a national criminal history background check at the cost of the individual.

SECTION 2. IC 25-1-2-2.1, AS AMENDED BY P.L.232-2013, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 2.1. Rather than being issued annually, the following permits, licenses, certificates of registration, or evidences of authority granted by a state agency must be issued for a period of two (2) years or for the period specified in the article under which the permit, license, certificate of registration, or evidence of authority is issued if the period specified in the article is longer than two (2) years:

- (1) Certified public accountants, public accountants, and accounting practitioners.
- (2) Architects and landscape architects.
- (3) Dry cleaners.
- (4) Professional engineers.
- (5) Professional surveyors.
- (6) Real estate brokers.
- (7) Real estate agents.
- (8) Security dealers' licenses issued by the securities commissioner.
- (9) Dental hygienists.
- (10) Dentists.
- (11) Veterinarians.
- (12) Physicians.
- (13) Chiropractors.
- (14) Physical therapists.
- (15) Optometrists.
- (16) Pharmacists and assistants, drugstores or pharmacies.
- (17) Motels and mobile home community licenses.
- (18) Nurses.
- (19) Podiatrists.
- (20) Occupational therapists and occupational therapy assistants.
- (21) Respiratory care practitioners.



- (22) Social workers, marriage and family therapists, and mental health counselors.
- (23) Real estate appraiser licenses and certificates issued by the real estate appraiser licensure and certification board.
- (24) Wholesale legend drug distributors.
- (25) Physician assistants.
- (26) Dietitians.
- (27) Athlete agents.
- (28) Manufactured home installers.
- (29) Home inspectors.
- (30) Massage therapists.
- (31) Interior designers.
- (32) Genetic counselors.
- (33) Direct entry midwives.
- (34) Anesthesiologist assistants.**

SECTION 3. IC 25-3.7 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]:

ARTICLE 3.7. ANESTHESIOLOGIST ASSISTANTS

Chapter 1. Definitions

Sec. 1. As used in this article, "anesthesiologist assistant" means an individual who:

- (1) meets the qualifications under this article; and
- (2) is licensed under this article.

Sec. 2. As used in this article, "board" refers to the medical licensing board of Indiana.

Chapter 2. Licensure

Sec. 1. (a) The board shall license as an anesthesiologist assistant an individual who:

- (1) applies for licensure on a form approved by board;
- (2) pays a licensing fee in an amount determined by the board;
- (3) does not have a conviction for a crime that has a direct bearing on the applicant's ability to practice competently; and
- (4) submits evidence satisfactory to the board that the applicant meets all the following requirements:

- (A) Has obtained a bachelor's degree from a postsecondary educational institution.
- (B) Has satisfactorily completed a medical-based anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs, or by its predecessor or successor organization.



(C) Has passed a certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants, or a successor organization.

(D) Is certified by the National Commission for Certification of Anesthesiologist Assistants, or a successor organization.

(b) An individual must be licensed by the board before the individual may practice as an anesthesiologist assistant.

Sec. 2. In order to maintain a license under this article, an individual licensed under this article shall comply with all continuing certification requirements set by the National Commission for Certification of Anesthesiologist Assistants or a successor organization.

Sec. 3. (a) The board shall do the following:

(1) Subject to IC 25-1-8-2, establish the amounts of fees required under this article.

(2) Adopt rules under IC 4-22-2 concerning the scope of practice for an anesthesiologist assistant. The rules must address the public welfare and safety of patients being treated by an anesthesiologist assistant and include the following:

(A) Require that an anesthesiologist assistant be supervised by a licensed anesthesiologist who:

(i) is licensed under IC 25-22.5; and

(ii) is actively engaged in the clinical practice of anesthesiology; and

(iii) maintains a physical proximity that allows the anesthesiologist to be available immediately if needed at all times that anesthesia services are rendered by the anesthesiologist assistant.

(B) Allow for the training of anesthesiologist assistant students if a student is:

(i) enrolled in an anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs or by its predecessor or successor organization; and

(ii) supervised by an individual who meets the requirements of clause (A).

(b) In developing the rules required under subsection (a)(2), the board shall appoint a working committee to assist in the development of the rules. The working committee must contain at least the following:

(1) One (1) individual who is a member of the Indiana State



Medical Association, or its successor organization.

(2) One (1) individual who is a member of the Indiana Society of Anesthesiologists, or its successor organization.

(3) One (1) individual who is a member of the American Academy of Anesthesiologist Assistants, or its successor organization.

Sec. 4. (a) An anesthesiologist assistant may practice only:

(1) under the supervision of an anesthesiologist; and

(2) as described in a written practice protocol adopted under subsection (b).

(b) Each anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol that:

(1) is consistent with this article;

(2) delineates:

(A) the medical services that the anesthesiologist assistant is authorized to provide; and

(B) the manner in which the anesthesiologist will supervise the anesthesiologist assistant;

(3) is based on relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients cared for by the anesthesiologist assistant;

(4) is signed by the anesthesiologist and anesthesiologist assistant;

(5) is updated annually; and

(6) is made available to the board upon request.

(c) The supervising anesthesiologist shall oversee the anesthesiologist assistant in accordance with:

(1) the terms of the protocol; and

(2) any rules adopted by the board for the supervision of an anesthesiologist assistant.

The board may randomly audit or inspect any written practice protocol under which an anesthesiologist assistant works.

(d) An anesthesiologist or an anesthesiologist assistant who violates the written practice protocol described in this section may be disciplined under IC 25-1-9.

Chapter 3. Unauthorized Practice; Penalty; Sanctions

Sec. 1. An individual may not:

(1) profess to be an anesthesiologist assistant;

(2) use the title "anesthesiologist assistant"; or

(3) use the initials "A.A." or any other words, letters,



abbreviations, or insignia indicating or implying that the individual is an anesthesiologist assistant licensed under this article;

unless the person is licensed under this article.

Sec. 2. An individual who recklessly, knowingly, or intentionally violates this chapter commits a Class B misdemeanor."

Page 2, line 3, reset in roman "immediate and personal".

Page 2, delete lines 35 through 41.

Page 3, line 40, delete "or".

Page 4, line 1, after "(i)" insert **"beginning July 1, 2015, uses training requirements and minimum standards developed by the board;**

(ii)".

Page 4, line 1, after "board;" insert **"and"**.

Page 4, line 2, delete "(ii)" and insert **"(iii)".**

Page 4, line 4, delete "and" and insert **"or**

(C)".

Page 4, line 5, delete "(8) beginning July 1, 2015,".

Page 4, run in lines 4 and 5.

Page 4, between lines 16 and 17, begin a new paragraph and insert:

"(d) A training program approved by the board before July 1, 2015, must be resubmitted to the board for approval in meeting current standards."

Page 6, after line 26, begin a new paragraph and insert:

"SECTION 10. IC 35-51-25-1, AS AMENDED BY P.L.13-2013, SECTION 147, P.L.232-2013, SECTION 26, AND P.L.264-2013, SECTION 16, IS CORRECTED AND AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 1. The following statutes define crimes in IC 25:

IC 25-2.1-13-3 (Concerning accountants).

IC 25-2.5-3-4 (Concerning acupuncturists).

IC 25-3.7-3-2 (Concerning anesthesiologist assistants).

IC 25-5.1-4-2 (Concerning athletic trainers).

IC 25-5.2-2-12 (Concerning athlete agents).

IC 25-6.1-7-1 (Concerning auctioneers and auctions).

IC 25-6.1-7-2 (Concerning auctioneers and auctions).

IC 25-8-15.4-25 (Concerning beauty culture).

IC 25-10-1-11 (Concerning chiropractors).

IC 25-11-1-12 (Concerning collection agencies).

IC 25-13-1-3 (Concerning dental hygienists).

IC 25-14-1-25 (Concerning dentists).

IC 25-14-1-25.5 (Concerning dentists).



IC 25-14-4-6 (Concerning dentists).
 IC 25-14.5-7-2 (Concerning dietitians).
 IC 25-16-1-18 (Concerning employment services).
 IC 25-17.3-5-3 (Concerning genetic counselors).
 IC 25-17.6-8-2 (Concerning geologists).
 IC 25-18-1-19 (Concerning distress sales).
 IC 25-20-1-21 (Concerning hearing aid dealers).
 IC 25-20.7-5-1 (Concerning interior designers).
 IC 25-21.5-5-10 (Concerning ~~land~~ professional surveyors).
 IC 25-21.5-13-2 (Concerning ~~land~~ professional surveyors).
 IC 25-21.8-7-1 (Concerning massage therapists).
 IC 25-22.5-8-2 (Concerning physicians).
 IC 25-22.5-8-3 (Concerning physicians).
 IC 25-23-1-27 (Concerning nurses).
 IC 25-23.4-3-7 (Concerning certified direct entry midwives).
 IC 25-23.5-3-2 (Concerning occupational therapists).
 IC 25-23.6-3-3 (Concerning marriage and family therapists).
 IC 25-23.6-4-4 (Concerning marriage and family therapists).
 IC 25-23.6-4.5-4 (Concerning marriage and family therapists).
 IC 25-23.6-7-7 (Concerning marriage and family therapists).
 IC 25-23.6-10.1-6 (Concerning marriage and family therapists).
 IC 25-23.6-11-1 (Concerning marriage and family therapists).
 IC 25-23.6-11-2 (Concerning marriage and family therapists).
 IC 25-23.6-11-3 (Concerning marriage and family therapists).
 IC 25-23.7-7-5 (Concerning manufactured home installers).
 IC 25-24-1-18 (Concerning optometrists).
 IC 25-24-3-17 (Concerning optometrists).
 IC 25-26-13-29 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-14-23 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-14-25 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-14-26 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-14-27 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-19-9 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-26-21-11 (Concerning pharmacists, pharmacies, and drug stores).
 IC 25-27-1-12 (Concerning physical therapists).



IC 25-27.5-7-2 (Concerning physician assistants).
 IC 25-28.5-1-31 (Concerning plumbers).
 IC 25-29-9-1 (Concerning podiatrists).
 IC 25-30-1-21 (Concerning private investigator firms, security guards, and polygraph examiners).
 IC 25-30-1.3-23 (Concerning private investigator firms, security guards, and polygraph examiners).
 IC 25-31-1-13 (Concerning engineers).
 IC 25-31-1-27 (Concerning engineers).
 IC 25-31.5-8-7 (Concerning soil scientists).
 IC 25-33-1-15 (Concerning psychologists).
 IC 25-34.5-3-2 (Concerning respiratory care specialists).
 IC 25-35.6-3-10 (Concerning speech pathologists and audiologists).
 IC 25-36.1-1-2 (Concerning surgical technologists).
 IC 25-36.5-1-10 (Concerning timber buyers).
 IC 25-36.5-1-15 (Concerning timber buyers).
 IC 25-38.1-4-10 (Concerning veterinarians).
 IC 25-38.1-4-11 (Concerning veterinarians).
 IC 25-39-5-1 (Concerning water well drilling contractors).
 IC 25-39-5-7 (Concerning water well drilling contractors).
 IC 25-41-1-2 (Concerning behavior analysts).".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 233 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 12, Nays 0.



SENATE MOTION

Madam President: I move that Senate Bill 233 be amended to read as follows:

Page 4, line 5, after "by" insert "**the**".

(Reference is to SB 233 as printed January 31, 2014.)

GROOMS

 COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 233, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete the title and insert the following:

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Page 1, delete lines 1 through 16, begin a new paragraph and insert:

"SECTION 1. IC 12-7-2-44.6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 44.6. "Countable asset" means the following:

(1) For purposes of IC 12-10-10, in determining eligibility for the community and home options to institutional care for the elderly and disabled program, property that is included in determining assets in the same manner as determining an individual's eligibility for the Medicaid aged and disabled waiver.

(2) For purposes of IC 12-20, means noncash property that is not necessary for the health, safety, or decent living standard of a household that:

(1) (A) is owned wholly or in part by the applicant or a member of the applicant's household;

(2) (B) the applicant or the household member has the legal right to sell or liquidate; and

(3) (C) includes:

(A) (i) real property other than property that is used for the production of income or that is the primary residence of the household;

(B) (ii) savings and checking accounts, certificates of deposit, bonds, stocks, and other intangibles that have a net



cash value; and

~~(C)~~ (iii) boats, other vehicles, or any other personal property used solely for recreational or entertainment purposes.

SECTION 2. IC 12-7-2-49.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: **Sec. 49.5. "CPI", for purposes of IC 12-10-10, has the meaning set forth in IC 12-10-10-2.5.**

SECTION 3. IC 12-10-10-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 1. As used in this chapter, "case management" means an administrative function conducted locally by an area agency on aging that includes the following:

(1) Assessment of an individual to determine the individual's functional impairment level and corresponding need for services.

(2) Initial verification of an individual's income and assets.

~~(2)~~ (3) Development of a care plan ~~addressing that:~~

(A) addresses an eligible individual's needs;

(B) takes into consideration the individual's family and community members who are willing to provide services to meet any of the individual's needs; and

(C) is consistent with a person centered approach to client care.

~~(3)~~ (4) Supervision of the implementation of appropriate and available services for an eligible individual.

~~(4)~~ (5) Advocacy on behalf of an eligible individual's interests.

~~(5)~~ (6) Monitoring the quality of community and home care services provided to an eligible individual.

~~(6)~~ (7) Reassessment of the care plan to determine:

(A) the continuing need and effectiveness of the community and home care services provided to an eligible individual under this chapter; and

(B) the annual reverification of a plan recipient's income and assets, as may be required by the division under section 4(e) of this chapter.

~~(7)~~ (8) Provision of information and referral services to individuals in need of community and home care services.

SECTION 4. IC 12-10-10-2.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: **Sec. 2.5. As used in this chapter, "CPI" refers to the United States Bureau of Labor Statistics Consumer Price Index, all items, all urban consumers, or its successor index.**



SECTION 5. IC 12-10-10-4, AS AMENDED BY P.L.99-2007, SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 4. (a) As used in this chapter, "eligible individual" means an individual who **meets the following criteria:**

- (1) Is a resident of Indiana.
- (2) Is:
 - (A) at least sixty (60) years of age; or
 - (B) an individual with a disability.
- (3) Has assets **that meet the following criteria:**
 - (A) **For an individual who participates in the program and whose date of application for the program is before January 1, 2015, assets** that do not exceed five hundred thousand dollars (\$500,000), as determined by the division.
and
 - (B) **For an individual whose date of application for the program is after December 31, 2014, countable assets that do not exceed two hundred fifty thousand dollars (\$250,000) adjusted by the CPI, as set forth in subsection (c). In determining assets under this clause, the division shall exclude an additional twenty thousand dollars (\$20,000) in countable assets, as adjusted by the CPI as set forth in subsection (c).**

(4) Qualifies under criteria developed by the board as having an impairment that places the individual at risk of losing the individual's independence, as described in subsection (b).

(b) For purposes of subsection (a), an individual is at risk of losing the individual's independence if the individual is unable to perform **any of the following:**

- (1) Two (2) or more activities of daily living. The use by or on behalf of the individual of any of the following services or devices does not make the individual ineligible for services under this chapter:
 - (+) (A) Skilled nursing assistance.
 - (2) (B) Supervised community and home care services, including skilled nursing supervision.
 - (3) (C) Adaptive medical equipment and devices.
 - (4) (D) Adaptive nonmedical equipment and devices.
- (2) **One (1) activity of daily living if, using the needs based assessment established under section 13(1) of this chapter, the area agency on aging determines that addressing the single activity of daily living would significantly reduce the likelihood of the individual's loss of independence and the**



need for additional services.

(3) An activity if, using the needs based assessment established under section 13(1) of this chapter, the area agency on aging determines that targeted intervention or assistance with the activity would significantly reduce the likelihood of the individual's loss of independence and the need for additional services.

(c) Before June 1, 2015, and before June 1 of each subsequent year, the division shall determine an adjusted asset limit to be used for purposes of subsection (a)(3)(B), subsection (d)(4), and section 13 of this chapter in the following state fiscal year. The adjusted asset limit for the following state fiscal year shall be determined as follows:

STEP ONE: Determine the percentage change between:

(A) the CPI as last reported for the calendar year ending in the state fiscal year in which the determination is made; and

(B) the CPI as last reported for the calendar year that precedes the calendar year described in clause (A).

STEP TWO: Express the percentage change determined in STEP ONE as a two (2) digit decimal rounded to the nearest hundredth. A negative percentage change under this STEP must be treated as zero (0).

STEP THREE: Add one (1) to the STEP TWO result.

STEP FOUR: Multiply:

(A) the STEP THREE result; by

(B) the asset limit used for purposes of subsection (a)(3)(B) in the state fiscal year in which the determination is made.

Before June 15, 2015, and before June 15 of each subsequent year, the division shall publish in the Indiana Register the adjusted asset limit to be used for purposes of subsection (a)(3)(B) in the following state fiscal year.

(d) The division shall, in accordance with standards established under section 13(3) of this chapter, establish a cost participation schedule for a program recipient based on the program participant's income and countable assets. The cost participation schedule must meet the following:

(1) Exclude from cost participation an eligible individual whose income and countable assets do not exceed one hundred fifty percent (150%) of the federal income poverty level.

(2) Exclude from cost participation for the total services provided to an individual under the program unless the



eligible individual's income and countable assets exceed three hundred fifty percent (350%) of the federal income poverty level.

(3) In calculating income and countable assets for an eligible individual, deduct the medical expenses of the following:

(A) The individual.

(B) The spouse of the individual.

(C) The dependent children of the individual.

(4) Exclude twenty thousand dollars (\$20,000) of a participant's countable assets, as adjusted by CPI, from consideration in determining a participant's cost participation.

The cost participation schedule established under this subsection may be applied only to an individual whose date of application for the program is after December 31, 2014.

(e) The division may require annual reverification for program participants whom the division determines are likely to experience a material increase in income or assets. An individual shall submit the information requested by the division to carry out the redetermination allowed by this subsection.

(f) The division may not require a family or other person to provide services as a condition of an individual's eligibility for or participation in the program.

SECTION 6. IC 12-10-10-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 7. (a) Except as provided in subsection (b), the case management under this chapter of an individual leading to participation in the program may not be conducted by any agency that delivers services under the program.

(b) If the division determines that there is no alternative agency capable of delivering services to the individual, the area agency on aging that performs the assessment under the program may also deliver the services.

(c) The division shall provide the necessary funding to provide case management services for the program, as determined under section 13(2) of this chapter.

SECTION 7. IC 12-10-10-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 9. (a) The division shall establish a program to train relatives of eligible individuals to provide homemaker and personal care services to those eligible individuals.

(b) Relatives of eligible individuals who complete the training program established under this section are eligible for reimbursement



under this chapter or under the Medicaid program for the provision of homemaker and personal care services to those eligible individuals. Reimbursement under the Medicaid program is limited to those cases in which the provision of homemaker and personal care services to an eligible individual by a relative results in financial hardship to the relative.

(c) For services that an individual is eligible to receive under the program but receives from a relative or other individual without receiving compensation, the area agency on aging shall:

- (1) determine, in accordance with section 13(4) of this chapter, the savings from not paying for these services; and**
- (2) allocate twenty percent (20%) of the savings calculated under subdivision (1) to offset the individual's cost share amount, if any, for participating in the program.**

SECTION 8. IC 12-10-10-13 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 13. The division and the area agencies on aging shall jointly develop policies that establish the following:**

- (1) A needs based assessment to be used in determining a client's needs and care plan under section 1(3) of this chapter.**
- (2) The percentage of program dollars adequate to provide case management services.**
- (3) A cost participation schedule for program recipients as required by section 4(d) of this chapter.**
- (4) Procedures for determining cost savings as required by section 9(c) of this chapter.**
- (5) Program performance measures for the area agencies on aging.**

SECTION 9. IC 12-10-10-14 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: **Sec. 14. (a) This section applies only to an individual whose date of application for the program is after December 31, 2014.**

(b) The division may obtain a lien on the program recipient's real property for the cost of services provided to the individual in the program if the cost of the services exceeds twenty thousand dollars (\$20,000), as adjusted by the CPI under section 4(c) of this chapter, in the same manner and with the same requirements as the office obtains a lien against a Medicaid recipient under IC 12-15-8.5, except that there may be no look back of the program recipient's property as required under the Medicaid program in



IC 12-15-8.5-2.

(c) The division may adopt rules necessary under IC 4-22-2 to implement this section.

SECTION 10. IC 12-10-11-8, AS AMENDED BY P.L.143-2011, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JANUARY 1, 2015]: Sec. 8. The board shall do the following:

- (1) Establish long term goals of the state for the provision of a continuum of care for the elderly and individuals with a disability based on the following:
 - (A) Individual independence, dignity, and privacy.
 - (B) Long term care services that are:
 - (i) integrated, accessible, and responsible; and
 - (ii) available in home and community settings.
 - (C) Individual choice in planning and managing long term care.
 - (D) Access to an array of long term care services:
 - (i) for an individual to receive care that is appropriate for the individual's needs; and
 - (ii) to enable a case manager to have cost effective alternatives available in the construction of care plans and the delivery of services.
 - (E) Long term care services that include home care, community based services, assisted living, congregate care, adult foster care, and institutional care.
 - (F) Maintaining an individual's dignity and self-reliance to protect the fiscal interests of both taxpayers and the state.
 - (G) Long term care services that are fiscally sound.
 - (H) Services that:
 - (i) promote behavioral health; and
 - (ii) prevent and treat mental illness and addiction.
- (2) Review state policies on community and home care services.
- (3) Recommend the adoption of rules under IC 4-22-2.
- (4) Recommend legislative changes affecting community and home care services.
- (5) Recommend the coordination of the board's activities with the activities of other boards and state agencies concerned with community and home care services.
- (6) Evaluate cost effectiveness, quality, scope, and feasibility of a state administered system of community and home care services.
- (7) Evaluate programs for financing services to those in need of a continuum of care.



- (8) Evaluate state expenditures for community and home care services, taking into account efficiency, consumer choice, competition, and equal access to providers.
- (9) Develop policies that support the participation of families and volunteers in meeting the long term care needs of individuals.
- (10) Encourage the development of funding for a continuum of care from private resources, including insurance.
- (11) Develop a cost of services basis and a program of cost reimbursement for those persons who can pay all or a part of the cost of the services rendered. The division shall use this cost of services basis and program of cost reimbursement in administering IC 12-10-10. The cost of services basis and program of cost reimbursement must include a client cost share formula that:
 - (A) imposes no charges for an eligible individual whose income does not exceed one hundred fifty percent (150%) of the federal income poverty level; and
 - (B) does not impose charges for the total cost of services provided to an individual under the community and home options to institutional care for the elderly and disabled program unless the eligible individual's income exceeds three hundred fifty percent (350%) of the federal income poverty level.

The calculation of income for an eligible individual must include the deduction of the individual's medical expenses and the medical expenses of the individual's spouse and dependent children who reside in the eligible individual's household.

- (12) (11) Establish long term goals for the provision of guardianship services for adults.
- (13) (12) Coordinate activities and programs with the activities of other boards and state agencies concerning the provision of guardianship services.
- (14) (13) Recommend statutory changes affecting the guardianship of indigent adults.
- (15) (14) Review a proposed rule concerning home and community based services as required under section 9 of this chapter.

SECTION 11. IC 25-0.5-1-2.3 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 2.3. IC 25-1.1-4 applies to an individual licensed or certified under IC 25-3.7 (anesthesiologist assistants).**



SECTION 12. IC 25-0.5-1-5.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 5.5. IC 25-1-1.1-4 applies to an individual licensed or certified under IC 25-14.3 (diabetes educators).**

SECTION 13. IC 25-0.5-2-34 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 34. IC 25-1-2-2.1 applies to licenses held by anesthesiologist assistants.**

SECTION 14. IC 25-0.5-2-35 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 35. IC 25-1-2-2.1 applies to licenses held by diabetes educators.**

SECTION 15. IC 25-0.5-3-43 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 43. IC 25-1-2-6(b) applies to the Indiana diabetes educators board.**

SECTION 16. IC 25-0.5-7-16 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 16. The Indiana professional licensing agency shall perform administrative functions, duties, and responsibilities for the Indiana diabetes educators board under IC 25-1-6-3(a).**

SECTION 17. IC 25-0.5-8-38 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 38. An occupation for which a person is licensed, certified, or registered by the Indiana diabetes educators board (IC 25-14.3-2-1) is a regulated occupation under IC 25-1-7.**

SECTION 18. IC 25-0.5-9-38 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 38. The Indiana diabetes educators board (IC 25-14.3-2-1) is a board under IC 25-1-8.**

SECTION 19. IC 25-0.5-12-16 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: **Sec. 16. The Indiana diabetes educators board (IC 25-14.3-2-1) is a board under IC 25-1-11."**

Delete page 2.

Page 3, delete lines 1 through 32.

Page 6, between lines 23 and 24, begin a new paragraph and insert:

"SECTION 18. IC 25-14.3 IS ADDED TO THE INDIANA CODE AS A **NEW** ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY



1, 2014]:

ARTICLE 14.3. DIABETES EDUCATORS

Chapter 1. Definitions

Sec. 1. The definitions in this chapter apply throughout this article.

Sec. 2. "Agency" refers to the Indiana professional licensing agency established by IC 25-1-5-3.

Sec. 3. "Board" refers to the Indiana diabetes educators board established by IC 25-14.3-2-1.

Sec. 4. "Diabetes education" means a collaborative process through which persons with or at risk for diabetes mellitus gain the knowledge and skills needed to modify behavior and successfully self-manage diabetes and conditions related to diabetes.

Sec. 5. "Licensed diabetes educator" refers to an individual who is licensed under this article.

Chapter 2. Indiana Diabetes Educators Board

Sec. 1. The Indiana diabetes educators board is established.

Sec. 2. The board consists of seven (7) members appointed by the governor as follows:

- (1) One (1) member who is a physician licensed under IC 25-22.5.
- (2) One (1) member who is a registered nurse licensed under IC 25-23.
- (3) One (1) member who is a pharmacist licensed under IC 25-26 who has experience in diabetes education.
- (4) One (1) member who is a dietitian certified under IC 25-14.5.
- (5) One (1) member who:
 - (A) is a citizen at large;
 - (B) is not employed in the health care field; and
 - (C) either:
 - (i) has diabetes; or
 - (ii) cares for an individual who has diabetes.
- (6) One (1) member who is a nutritionist and is certified by either:
 - (A) the Certification Board for Nutrition Specialists; or
 - (B) the American College of Nutrition.
- (7) One (1) member who is a psychologist licensed under IC 25-33.

One (1) member appointed under subdivisions (2) through (4) must have completed either the credentialing program of the American Association of Diabetes Educators or the National Certification



Board for Diabetes Educators.

Sec. 3. Each member of the board serves a term of four (4) years or until a successor is appointed. The governor shall initially appoint:

- (1) three (3) members for a term of four (4) years;
- (2) three (3) members for a term of three (3) years; and
- (3) one (1) member for a term of two (2) years.

Sec. 4. A member of the board may not serve for more than two (2) consecutive terms.

Sec. 5. The board shall organize annually and elect one (1) of the members as chairperson and one (1) of the members as secretary. The agency shall staff the board and arrange for the first meeting of the board at which the chairperson and secretary are elected.

Sec. 6. A quorum of the board consists of four (4) members. A majority of the board members is required to take any action.

Sec. 7. The board shall meet at least semiannually and upon the call of the chairperson or at the request of two (2) members.

Sec. 8. (a) The board shall adopt rules under IC 4-22-2 establishing:

- (1) standards for professional responsibility or a code of ethics for the profession of diabetes educator;
- (2) standards of practice that are based upon policies and positions adopted by the American Association of Diabetes Educators; and
- (3) standards for continuing education requirements for diabetes educators.

(b) The board shall adopt rules under IC 4-22-2 to establish fees under IC 25-1-8-2 for:

- (1) filing an application for licensure under this article;
- (2) issuing an original license under this article;
- (3) renewing a license issued under this article;
- (4) replacing a license that has been lost or destroyed; and
- (5) any other purposes prescribed by IC 25-1-8-2.

(c) The board shall investigate alleged violations brought under this article, conduct investigations, and schedule and conduct administrative hearings under IC 4-21.5.

(d) The board shall keep a record of:

- (1) the proceedings of the board; and
- (2) all individuals licensed by the board.

Chapter 3. License Requirements

Sec. 1. After July 1, 2015, a person may not use the title of "licensed diabetes educator" or profess to be a licensed diabetes



educator unless the person holds a license under this article.

Sec. 2. An applicant for a license must file a written application with the board on forms provided by the board.

Sec. 3. An applicant must provide evidence to the board showing successful completion of one (1) of the following:

- (1) The American Association of Diabetes Educators core concepts course with demonstrable experience in the care of individuals with diabetes under supervision that meets requirements specified in rules adopted by the board.
- (2) The credentialing program of the American Association of Diabetes Educators or the National Certification Board for Diabetes Educators.
- (3) An equivalent credentialing program as determined by the board.

Sec. 4. Requirements established by the board for licensure under this article must include a core body of knowledge and skills in:

- (1) diabetes mellitus;
- (2) biological and social sciences;
- (3) communication;
- (4) counseling;
- (5) education; and
- (6) experience in the care of individuals with diabetes.

Sec. 5. A license issued under this chapter is valid for two (2) years after the date of issuance.

Sec. 6. The board shall require each licensee to complete annually fifteen (15) hours of board approved continuing education.

Chapter 4. License Revocation or Suspension

Sec. 1. For purposes of this chapter, "unprofessional conduct" includes the following:

- (1) Obtaining or attempting to obtain a license by fraud, misrepresentation, concealment of material facts, or making a false statement to the board.
- (2) Conviction of a felony if the conviction has direct bearing on whether the person is trustworthy to serve the public as a licensed diabetes educator.
- (3) Violation of any lawful order issued or rule adopted by the board.

Sec. 2. The board may:

- (1) suspend or revoke a license; or
- (2) issue a reprimand;



if the licensee engages in unprofessional conduct that has endangered or is likely to endanger the health, welfare, or safety of the public.

Chapter 5. Unlawful Practices

Sec. 1. A person who recklessly, knowingly, or intentionally violates this article commits a Class A misdemeanor."

Page 11, between lines 40 and 41, begin a new line block indented and insert:

"IC 25-14.3-5-1 (Concerning diabetes educators)."

Page 13, after line 19, begin a new paragraph and insert:

"SECTION 20. An emergency is declared for this act."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 233 as reprinted February 4, 2014.)

CLERE, Chair

Committee Vote: yeas 10, nays 0.

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 233 be amended to read as follows:

Page 15, after line 42, begin a new paragraph and insert:

"SECTION 22. IC 25-23-1-1, AS AMENDED BY P.L.232-2013, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 1. As used in this chapter:

(a) "Board" means the Indiana state board of nursing.

(b) "Advanced practice nurse" means:

(1) a nurse practitioner;

(2) a certified nurse midwife; ~~or~~

(3) a clinical nurse specialist; ~~or~~

(4) a certified registered nurse anesthetist;

who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations. **Notwithstanding any**

ES 233—LS 6256/DI 104



other law, this subsection does not add to the powers and duties of certified registered nurse anesthetists as described in section 30 of this chapter.

(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.

SECTION 23. IC 25-23-1-19.4, AS AMENDED BY P.L.105-2008, SECTION 43, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 19.4. **(a) This section does not apply to certified registered nurse anesthetists.**

~~(a)~~ **(b)** As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:

- (1) A veterinarian.
- (2) An advanced practice nurse.
- (3) A physician assistant.

~~(b)~~ **(c)** An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.

SECTION 24. IC 25-23-1-19.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2014]: Sec. 19.5. **(a) This section does not apply to certified registered nurse anesthetists.**

~~(a)~~ **(b)** The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in ~~IC 35-48-1~~). **IC 35-48-1-9).**

~~(b)~~ **(c)** The authority granted by the board under this section:

- (1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
- (2) is subject to renewal indefinitely for successive periods of two (2) years.

~~(c)~~ **(d)** The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:

- (1) Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.
- (2) Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate



level course in pharmacology providing at least two (2) semester hours of academic credit.

(3) Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter."

Renumber all SECTIONS consecutively.

(Reference is to ESB 233 as printed February 24, 2014.)

BACON

HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 233 be amended to read as follows:

Page 9, delete lines 20 through 42.

Page 10, delete line 1.

Page 13, line 2, delete "Indiana diabetes educators board" and insert **"medical licensing board of Indiana"**.

Page 13, line 3, delete "IC 25-14.3-2-1." and insert **"IC 25-22.5-2-1."**

Page 13, line 10, delete "Indiana Diabetes Educators" and insert **"Duties of the"**.

Page 13, delete lines 11 through 42.

Page 14, delete lines 1 through 11.

Page 14, line 12, delete "8." and insert **"1."**

Renumber all SECTIONS consecutively.

(Reference is to ESB 233 as printed February 24, 2014.)

SHACKLEFORD

